

10/593427

Express Mail Label No. EV 901254598 US
Date of Deposit September 19, 2006
Atty. Docket No. 19240.218US2**Application Data Sheet****Application Information**

Application number::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title:: GINKGOLIDE COMPOUNDS,
COMPOSITIONS, EXTRACTS, AND USES
THEREOF
Attorney Docket Number:: 19240.218US2
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 3
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Ottavio
Middle Name:: V.
Family Name:: VITOLO
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 420 W. 119th Street, Apt. 29

City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10027

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Koji
Middle Name::
Family Name:: NAKANISHI
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 560 Riverside Drive, Apartment 9-J

City of mailing address:: New York
State or Province of mailing address::
Country of mailing address::

Postal or Zip Code of mailing address:: 10027

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: L.
Family Name:: SHELANSKI
Name Suffix::
City of Residence:: Brooklyn
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 241 Kane Street

City of mailing address:: Brooklyn
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 11231

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sonja
Middle Name::
Family Name:: KRANE
Name Suffix::
City of Residence:: Del Mar
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 13627 Calais Drive

City of mailing address:: Del Mar
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 92014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Ottavio
Middle Name::
Family Name:: ARANCIO
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 160 E. 48th Street, Apt. 6L

City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Czech Republic
Status:: Full Capacity
Given Name:: Stanislav
Middle Name::
Family Name:: JARACZ
Name Suffix::
City of Residence:: Trinec
State or Province of Residence::

Country of Residence:: Czech Republic
Street of mailing address:: Oldrichovice 487

City of mailing address:: Trinec
State or Province of mailing address::
Country of mailing address:: Czech Republic
Postal or Zip Code of mailing address:: 73961

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nina
Middle Name:: D.
Family Name:: BEROVA
Name Suffix::

City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 400 West 119th Street, Apt. 13G

City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10027

Correspondence Information

Correspondence Customer Number:: 56949

Representative Information

Representative Customer Number:: 56949

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/009417	03/21/05
PCT/US2005/009417	An application claiming the benefit under 35 USC 119(e)	60/554508	03/19/04

Foreign Priority Information

Assignee Information

Assignee name:: THE TRUSTEES OF COLUMBIA
UNIVERSITY IN THE CITY OF NEW YORK

Street of mailing address:: 412 Low Memorial Library
535 West 116th Street

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10027